AMEN	DMENT 1	ΓRANSMI	TTAL LE	TTER	Docket N 22409-00120		
Application		Filing [		Examiner		Unit	
1			2001	V. P. Harpe	per 2654		
oplicant(s): Hans	Leysidffer et	al.					
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ne ree nas been	Calculated an		S AS AMENI				
	Claims	Highest		JED			
	Remaining After	Number Previously	Number Extra Claims				
Total Claims	Amendment 49	Paid - 53 =	Present	Rate X			
Independent	3	- 3 =		X			
Claims		_	, ¬				
Multiple Depende	ent Claims (ch	eck if applicable	e)				
Other fee (please	120.00						
TOTAL ADDITION	ONAL FEE F	OR THIS AME	NDMENT:		120.0	0	
x Large Entity				Small Entity			
No additional	fee is require	d for this amer	ndment.	_			
X Please charge A duplicate co		count No. 2 eet is enclosed		n the amount of \$ _	120.00	_ ·	
A check in the	e amount of \$		to cover	the filing fee is enc	losed.		
Payment by c	redit card. Fo	orm PTO-2038	is attached.				
The Director is hereby authorized to charge and credit Deposit Account No. 22-0185							
as described	below. A dup	olicate copy of	this sheet is e	enclosed.			
x Credit an	y overpaymer	nt.					
x Charge ar	ny additional fil	ing or applicatio	n processing	fees required under 3	37 CFR 1.16 and <i>1</i>	1.17.	
				Dated:	August 13, 2007		
						7	
Michael G. Verga	a	410				7	
Michael G. Verga Attorney/Agent F	a Reg. No.: 39,					7	
Michael G. Verga Attorney/Agent F CONNOLLY BO 1875 Eye Street	a Reg. No.: 39, VE LODGE &					7	
Michael G. Verga Attorney/Agent F CONNOLLY BO 1875 Eye Street Suite 1100	a Reg. No.: 39, VE LODGE & , NW					7	
Michael G. Verga Attorney/Agent F CONNOLLY BO 1875 Eye Street	a Reg. No.: 39, VE LODGE & , NW					7	
Michael G. Verga Attorney/Agent F CONNOLLY BO 1875 Eye Street Suite 1100 Washington, DC	a Reg. No.: 39, VE LODGE & , NW					7	
Michael G. Vergander F. Attorney/Agent F. CONNOLLY BO' 1875 Eye Street Suite 1100 Washington, DC (202) 331-7111	a Reg. No.: 39, VE LODGE & , NW 20006	HUTZ LLP	being attached or	· enclosed) is being transmi	tted via the Office electro		

PTO/SB/17 (07-07)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Num	T 6	omplete if Known 09/896,836-Conf. #5870			
FEE TRANSMITTAL			Filing Date		July 2, 2001			
			First Named Inv		Hans Leysidffer			
For FY 2007			Examiner Name					
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 2654					
TOTAL AMOUNT	Γ OF PAYMENT	г (\$) 120.00		Attorney Docket No. 2		22409-00120-US		
METHOD OF	PAYMENT (check	all that apply)						
Check	Credit Card	Money Order	No	ne Other (	please identify	):		
X Deposit Ac	count Deposit Account I	Number: 22-	0185	Deposit /	Account Name:	Connolly Bov	e Lodge 8	k Hutz LLP
For the	above-identified depo	osit account, the Di	rector is	hereby authorize	ed to: (checl	k all that apply)		
x C	harge fee(s) indicated	l below		Charge	e fee(s) indi	icated below, ex	xcept for t	ne filing fee
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCU	` '							
1. BASIC FILIN	G, SEARCH, AND E	XAMINATION FEE	S					
	FI	LING FEES	SE	ARCH FEES	EXAMIN	ATION FEES		
Application T	ype Fee (\$	Small Entity ) Fee (\$)	Fee (\$	Small Entity ) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)
Utility	300	150	500	250	200	100		(+)
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLA		100	v	U	U	O		Small Entity
Fee Description							Fee (\$)	Small Entity Fee (\$)
	r 20 (including Reiss	ues)					50	25
	ent claim over 3 (incl						200	100
Multiple depend	,	,					360	180
Total Claims	Extra Claims	Fee (\$)	Fee I	Paid (\$)	Mu	Itiple Depende	nt Claims	
		· =		(.,			Fee Paid (\$	5)
HP = highest num	ber of total claims paid for	, if greater than 20.				<del></del>		7
<u>Indep. Claims</u>	Extra Claims	Fee (\$)	Fee I	Paid (\$)				<del></del>
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-	ber of independent claims	paid for, it greater than	1 3.					
3. APPLICATIO	ation and drawings ex	rceed 100 sheets c	f naner	(excluding electr	onically file	ed seguence or	computer	
listings und	ler 37 CFR 1.52(e)),	the application siz	e fee du	e is \$250 (\$125 f	or small en	tity) for each a	dditional 5	0
	action thereof. See 3					• •		
Total Sheet	ts <u>Extra Sheet</u>	s <u>Number o</u>	of each a	dditional 50 or frac	tion thereof	Fee (\$)	<u>Fee</u>	Paid (\$)
	100 =	/50 =		(round <b>up</b> to a who	le number)	×	=	
4. OTHER FEE	• •						<u>Fees</u>	Paid (\$)
_	Specification, \$130	,	-		et month		10	20.00
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00								
SUBMITTED BY	/Minland 0 1/			Registration No.	20.442	T	(000) 00	4 7444
Signature	/Michael G. Verga			(Attorney/Agent)	39,410	Telephone	(202) 33	
Name (Print/Type)	Michael G. Verga					Date	August 1	3, 2007

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filling system in accordance with § 1.6(a)(4).				
Dated:August 13, 2007	Electronic Signature for Michael G. Verga: /Michael G. Verga/			